

## City of Seattle

## **Department of Planning and Development**

Mailing Address: 700 5th Ave, Suite 2000, PO Box 34019, Seattle, WA 98124-4019

**Phone**: (206) 684-8464 **Fax:** (206) 684-8113

**Website:** www.seattle.gov/dpd **Hours:** M, W, F: 7:30-5:30 T, Th: 10:30-5:30



Work Site Address:		Zip:
Building Name:	<b>Machine Room Location:</b>	

**Description of Work:** 

	Owner	Tenant		State Elevato	r License #:		
				City of Seattle	e Bus Lic#:		
Name:				Name:			
Phone: (	)			Phone: (	)		
Fax: (	)			Fax: (	)		
Address:			Apt/Ste:	Address:		£	Apt/Ste:
City/State:			Zip:	City/State:		Z	Zip:

Action Type:

Alterations or Repairs (Declared Value): \$

Cosmetic < 5% Weight Differential

New Installation or Relocation

Temporary Operating Permit

Cosmetic > 5% Weight Differential

Extension of Temporary Operating Permit ~ Corresponding Permit #

Alter/Replace Door Device (Quantity): Re-inspection ~ Corresponding Permit #

Conveyance #: Owner's Conveyance ID: Manufacturer:

Car Size:	Width in feet:	Length i	n feet:	Height in fee	t:
Car Size:	Width in feet:	Length i	n feet:	Height in fee	t:
-		-	n feet:	Height in fee	<b>.</b> .
Number of Ope	nings (require	ed info): Front:	Rear:	Total:	
Elevator Use:	Freight Elevato	Passenger Elevator	Rise in feet:	# of Sto	ries:
Cable Geared/Gea	rless Mater	al Lift			
Roped Hydraulic	Dumb	waiter (Power Doors)	Other Conveyance	е Туре	Code Alternate
Hydraulic Elevator	Dumb	waiter (Manual Doors)	Accessibility Lift (	(Vert/Inclined)	Residential

The revised Code of Washington (R.C.W. 70.87) requires that all conveyance installations, relocations, or alterations be performed by a licensed elevator contractor employing a licensed elevator mechanic.

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.

Signature: Date of Application:

Contractor or Owner (or Authorized Agent)

PAYMENT & MAILING INSTRUCTIONS:	DPD USE ONLY:
□ Pay by Check <b>Mail checks to:</b> DPD, P.O. Box 34234, Seattle, WA 98124-1234	
☐ Charge my escrow (ADA) account #	Permit #:
□ Call me at for a credit card number	Permit Fee:
Mail Pormit Mail 9. Eav Pormit Hold Pormit for Dick-Up	

NOTE: Permit application requests & any request to make changes to a permit that is received via fax or email are processed within 2 working days from the date we receive them.

Revised: January 2010

